

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 472

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3009		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Elmwood</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON</u> d. STREET ADDRESS (If rural, give location) <u>211 Elmwood</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Edward</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 1, 1885</u>		9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist & Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Walnut Ridge Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alvin Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Claudia Johnson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clinton Hoffmeister</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drunk & Know</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ADDRESS <u>Jackson</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 27, 1951</u> , to <u>Jan 27, 1951</u> , that I last saw the deceased alive on <u>Jan 27, 1951</u> , and that death occurred at <u>1:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D.D. L. [Signature]</u>		23b. ADDRESS <u>0 Jackson Mo</u>		23c. DATE SIGNED <u>Jan 30 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Jan 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S.C. [Signature]</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30-51</u>		REGISTRAR'S SIGNATURE <u>D. G. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S.C. [Signature]</u>		ADDRESS <u>Jackson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 6 1951

DISTRICT HEALTH OFFICE No. 6
File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Lynn Steele

Licensed Embalmer No. *2476*

P. O. Address *Jackson*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.